

UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT RECEIVED  
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FEB 25 2005

In re: Yoshiaki Kato et al. Confirmation No.: 5276  
 Serial No.: 10/606,871 Examiner: E. Leon  
 Filing Date: June 26, 2003 Group Art Unit: 2833  
 Docket No.: 1018.1174101 Customer No.: 28075  
 For: DEVICE FOR TEMPORARILY FASTENING ELECTRONIC COMPONENT  
 TO CIRCUIT BOARD

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENTCERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 (1)(i)(B))

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office at 703-872-9306 on the date shown below.

Kathleen L. Bockley  
 Type or print name of person signing certification

Kathleen L. Bockley  
 Signature

February 25, 2005  
 Date

Dear Sir:

This paper is in response to the Office Action mailed November 30, 2004, with a shortened statutory period set to expire on February 28, 2005. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/606871

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEES
BASIC FEE	385.00
OR	BASIC FEE 770.00
XS 9=	
OR	XS 18=
X 43=	
OR	X 86=
+ 145=	
OR	+ 290=
TOTAL	OR TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20
Independent	9	Minus	9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
XS 9=	
OR	XS 18=
X 43=	
OR	X 86=
+ 145=	
OR	+ 290=
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE

2/25/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	22	Minus	20
Independent	3	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	25	—	50	—
Independent	100	—	200	—
	180	—	360	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	400	—	TOTAL ADDIT. FEE	—

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	—	—
Independent	Minus	—	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	XS 9=		XS 18=	
Independent	X 43=		X 86=	
	+ 145=		+ 290=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.